

PO9000099011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

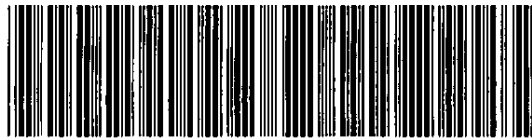
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

number of shares of stock  
per customer  
na

Office Use Only



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12/07/09--01018--008 \*\*78.75

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09 DEC -7 PM 1:27

na  
12-08-09

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** ARH Insurance Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

|  |   |
|--|---|
| <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |   |

**FROM:** Alex Horton

\_\_\_\_\_  
Name (Printed or typed)

5115 Silo Rd

\_\_\_\_\_  
Address

St Augustine, FL 32092

\_\_\_\_\_  
City, State & Zip

904-687-0493

\_\_\_\_\_  
Daytime Telephone number

alexanderhorton@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

AR H Insurance services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Street: 5115 Silo Rd Mailing: 52 Tuscan way, Ste 202 PMB 114  
St Augustine, FL 32092 St Augustine, FL 32092

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create an independent insurance Agency

## ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alex Horton, President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alex Horton, 5115 Silo Rd, St Augustine, FL 32092

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alex Horton 5115 Silo Rd, St Augustine, FL 32092

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature Incorporator

Date

Date

12-3-09

12-3-09

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32092